

CHAPTER 19

MULTI-CASUALTY

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MULTI-CASUALTY

INTRODUCTION

The Coast Guard may become involved in various incidents where the casualty may result in the need to handle numerous medical patients or victims. This situation may apply to any of the incidents covered in the previous chapters. The Multi-Casualty Branch Structure is designed to provide the Incident Commander with a basic expandable system for handling any number of patients in a multi-casualty incident.

One or more additional Medical Group/Divisions may be established under the Multi-Casualty Branch Director, if geographical or incident conditions warrant. The degree of implementation will depend upon the complexity of the incident.

MULTI-CASUALTY

MULTI-CASUALTY SCENARIO AND MODULAR ORGANIZATION DEVELOPMENT

MODULAR DEVELOPMENT

A series of examples of modular development are included to illustrate one possible method of expanding the incident organization to deal with multi-casualty, mass patient and victim incidents.

INITIAL RESPONSE ORGANIZATION

Initial response resources are managed by the IC who will handle all Command and General Staff responsibilities. The first arriving resource with the appropriate communications capability should establish communications with the appropriate hospital or other coordinating facility and become the Medical Communications Coordinator. Other first arriving resources would become triage personnel. See Page 19-5 for an example of the Initial Response Organization.

REINFORCED RESPONSE ORGANIZATION

In addition to the initial response, the IC designates a Triage Supervisor, a Treatment Supervisor, Treatment Teams and a Ground Ambulance Coordinator. See Page 19-6 for an example of the Reinforced Response Organization.

MULTI-LEADER RESPONSE ORGANIZATION

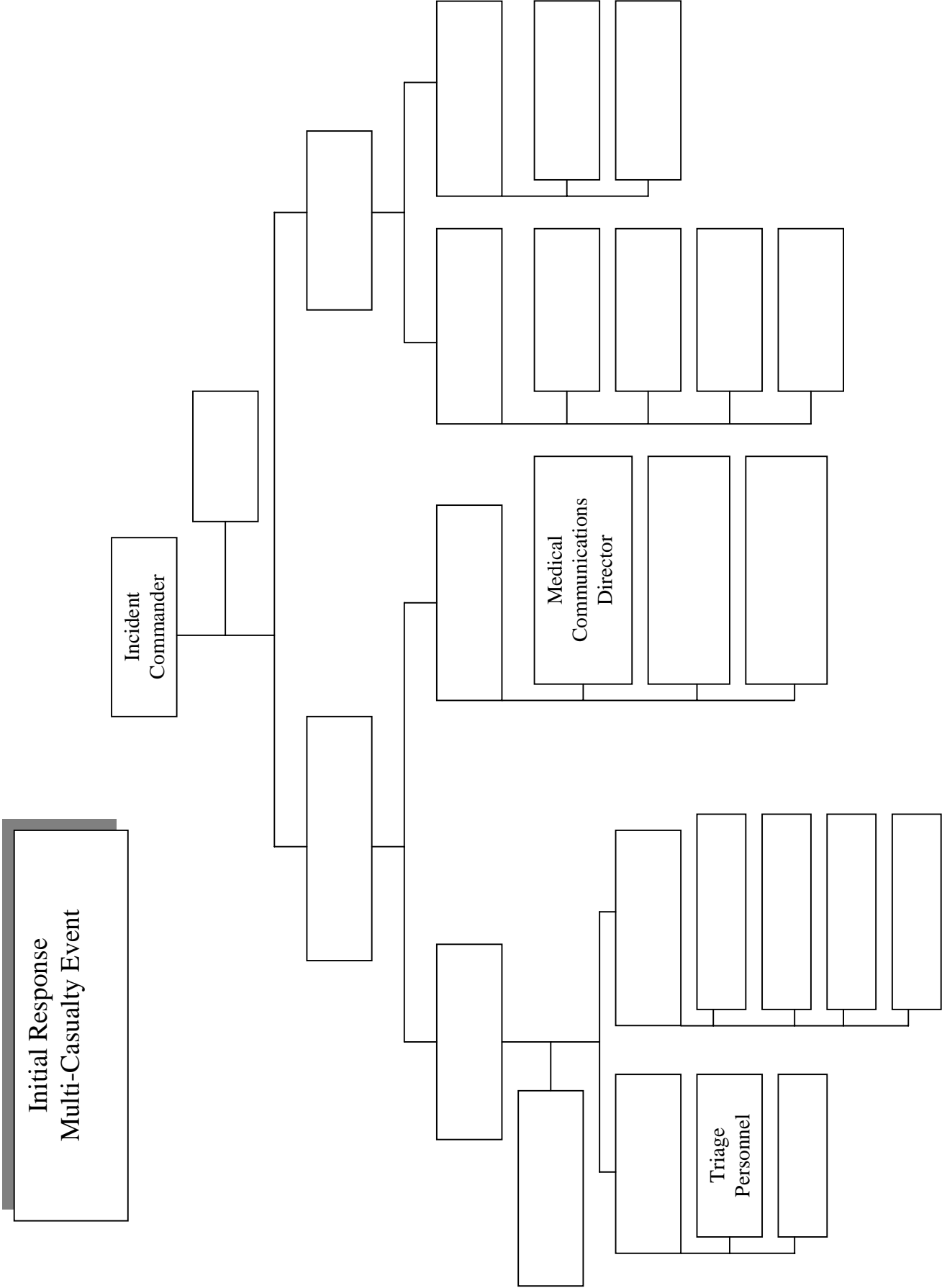
The IC has now established an OPS who has in turn established a Medical Supply Coordinator, a Manager for each treatment category and a Patient Transportation Group Supervisor. The Patient Transportation Group Supervisor was needed in order for the OPS to maintain a manageable span of control, based on the assumption that other operations are concurrently happening in the Operations Section. See Page 19-7 for an example of the Multi-Leader Response Organization.

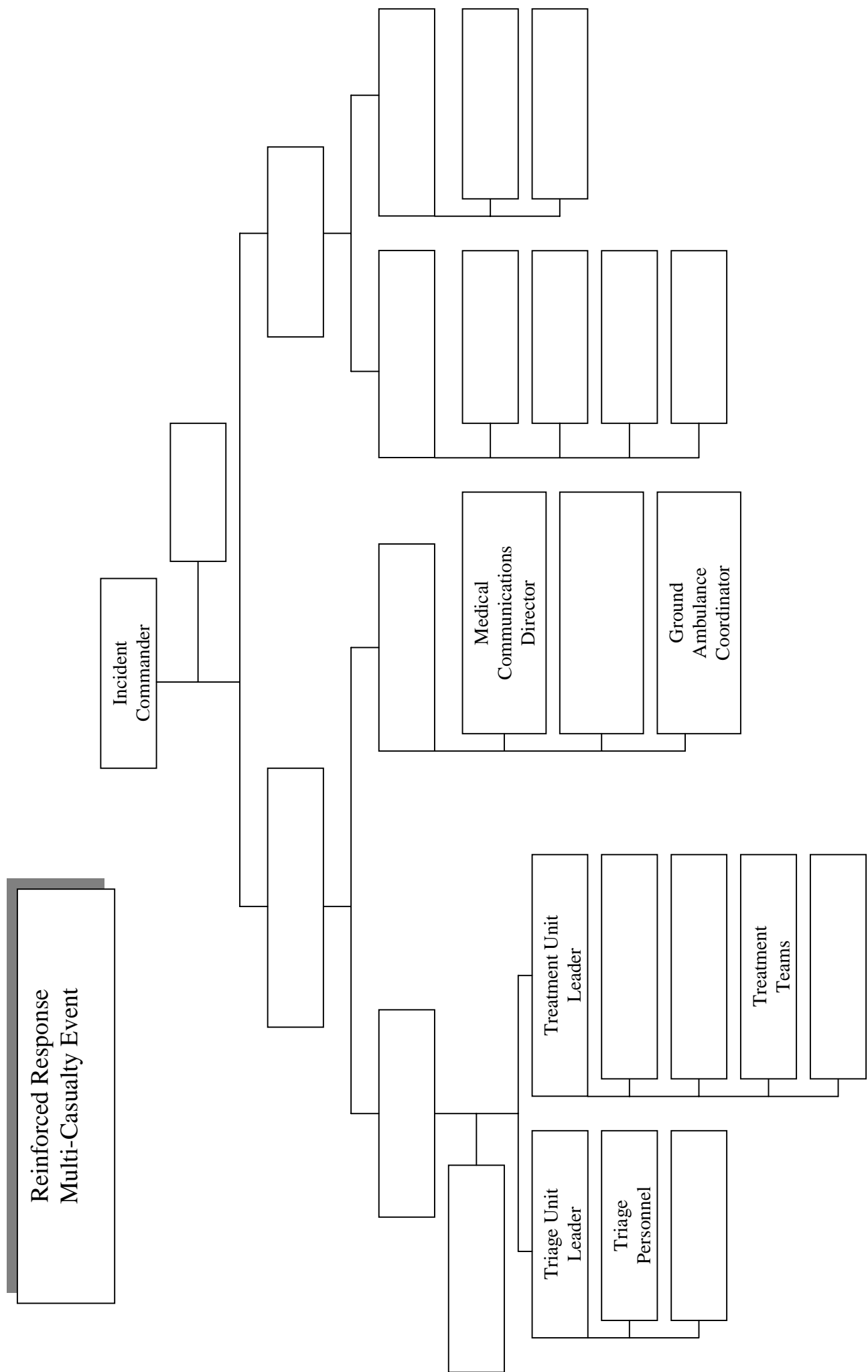
MULTI-GROUP RESPONSE ORGANIZATION

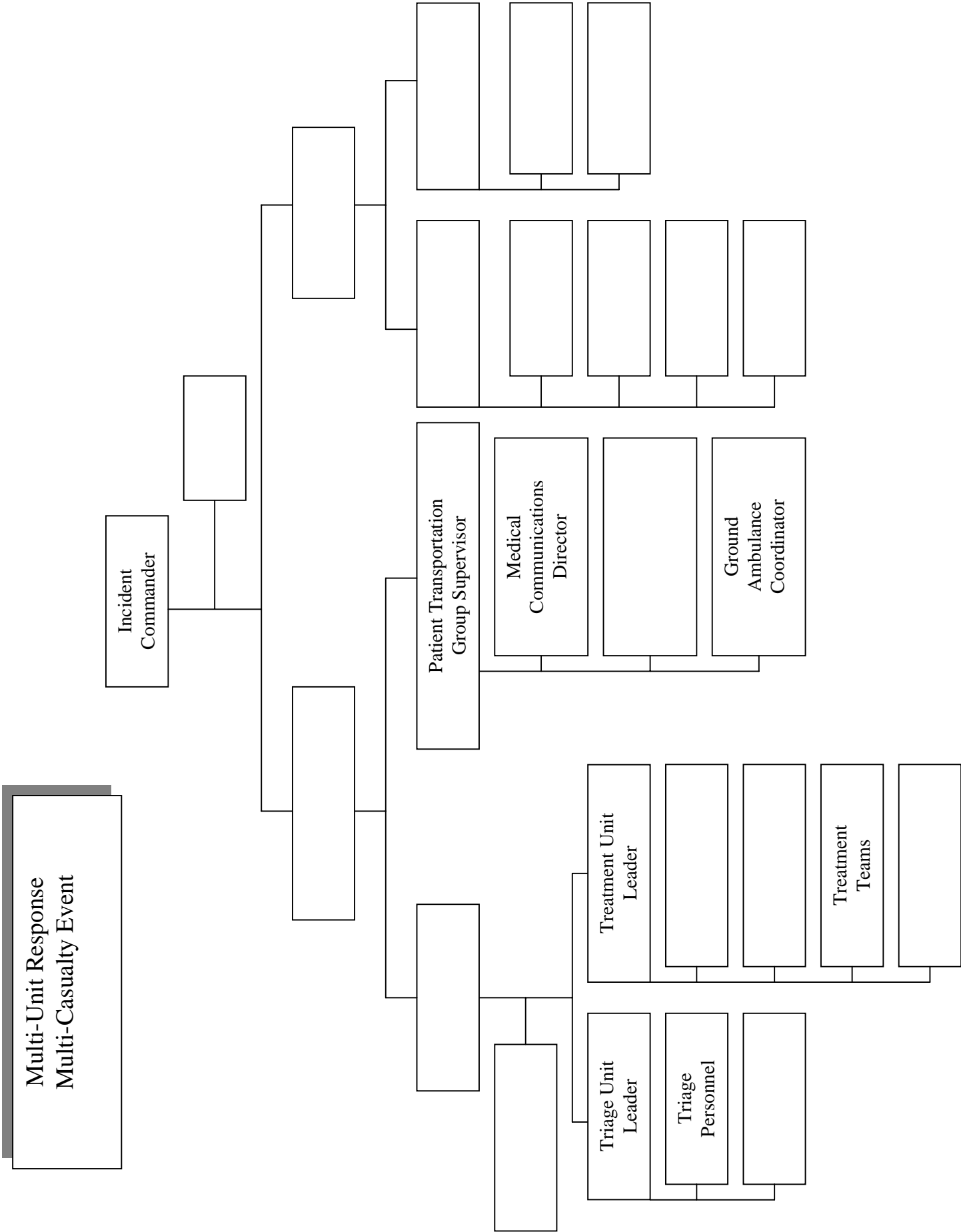
All positions within the Medical Group and Patient Transportation Group are now filled. The Air Operations Branch is shown to illustrate the coordination between the Air Ambulance Coordinator and the Air Operations Branch. An Extrication Group is freeing trapped victims. See Page 19-8 for an example of the Multi-Group Response Organization.

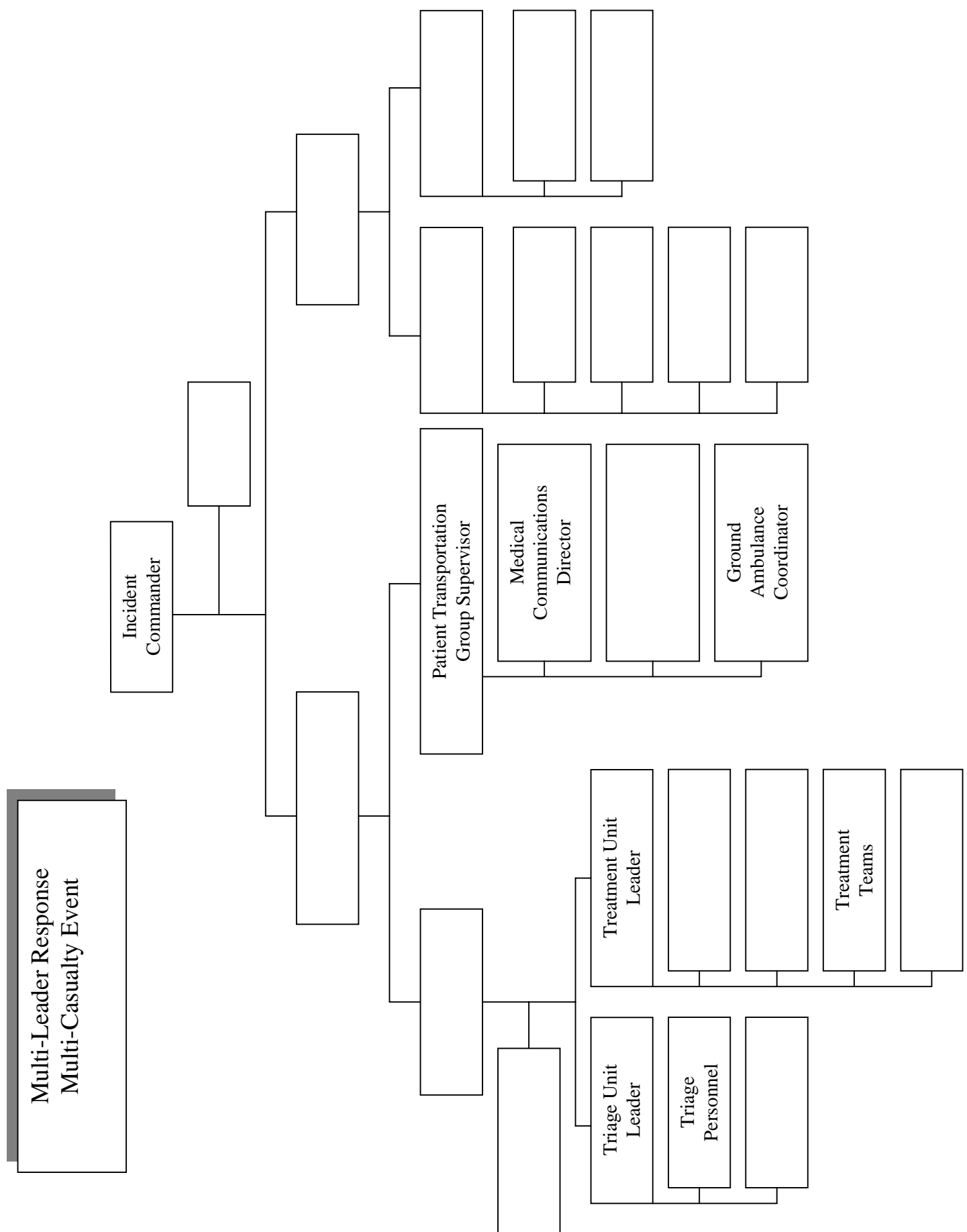
COMPLETE INCIDENT RESPONSE ORGANIZATION

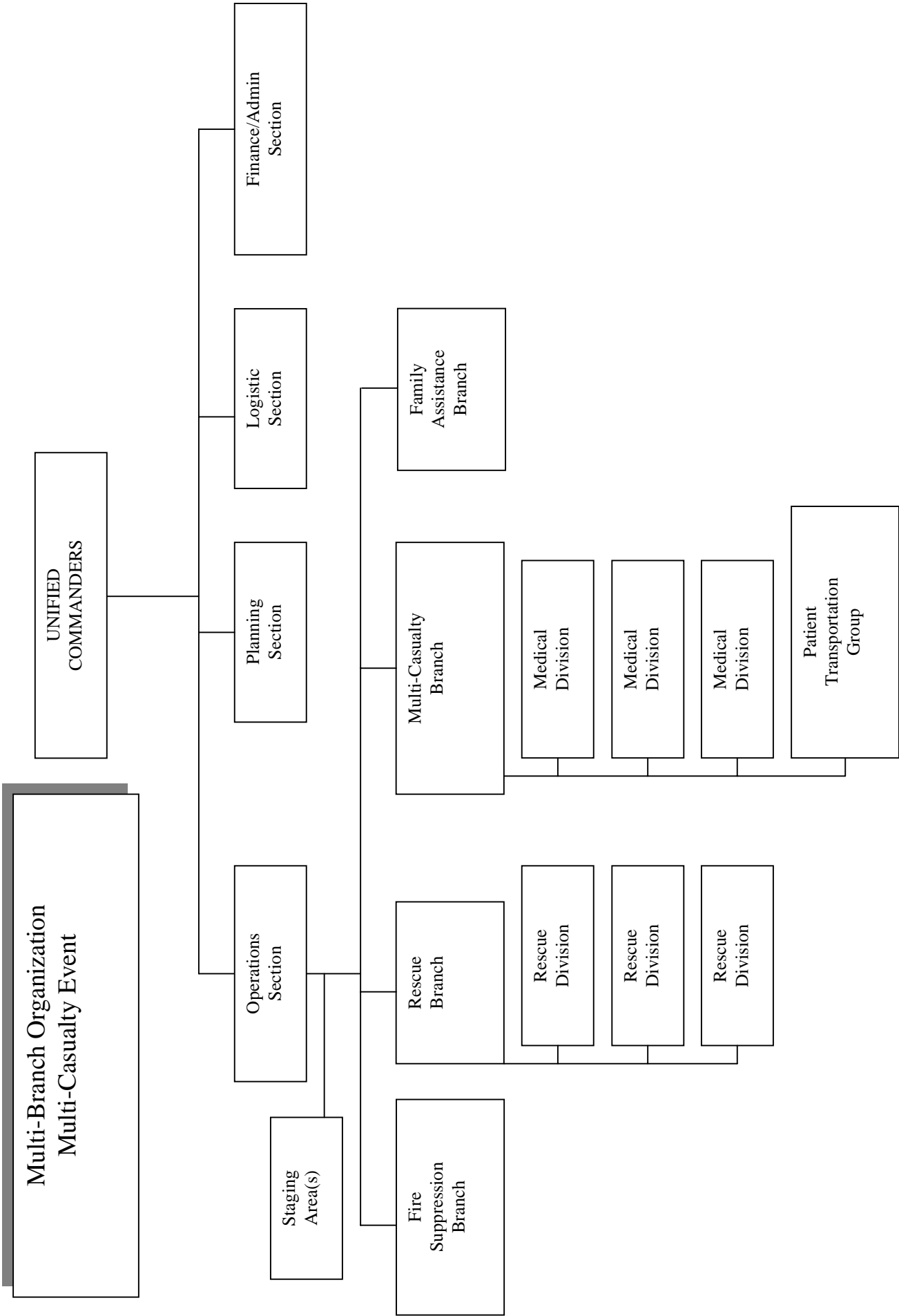
The complete incident response organization shows the Multi-Casualty Branch and other Branches with which there may be interaction. The Multi-Casualty Branch now has three (3) Medical Divisions (geographically separate), but only one Patient Transportation Group. This is because all patient transportation must be coordinated through one point to avoid overloading hospitals or other medical facilities. See Page 19-9 for an example of the Complete Incident Response Organization.











MULTI-CASUALTY

SPECIFIC ICS POSITIONS AND TASK DESCRIPTIONS

MULTI-CASUALTY BRANCH DIRECTOR - The Multi-Casualty Branch Director is responsible for the implementation of the IAP within the Branch. This includes the direction and execution of branch planning for the assignment of resources within the Branch.

- a. Review Branch Director Responsibilities (Page 8-2).
- b. Review Group/Division Assignments for effectiveness of current operations and modify as needed.
- c. Provide input to OPS for the IAP.
- d. Supervise Branch Activities.
- e. Maintain Unit/Activity Log (ICS Form 214)

MEDICAL GROUP/DIVISION SUPERVISOR - The Medical Group/Division Supervisor supervises the Triage Team Leader, Treatment Team Leader and Medical Supply Coordinator. The Medical Group/Division Supervisor establishes command and controls the activities within a Medical Group/Division, in order to assure the best possible emergency medical care to patients during a multi-casualty incident.

- a. Review Division Group responsibilities (Page 8-3).
- b. Participate in Multi-Casualty Branch/Operations Section Planning Activities.

- c. Establish Medical Group/Division with assigned personnel. Request additional personnel and resources sufficient to handle the magnitude of the incident.
- d. Designate Treatment Team Leaders and treatment area locations as appropriate.
- e. Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.
- f. Request law enforcement/coroner involvement as needed.
- g. Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, litters, cots).
- h. Establish communications and coordination with the Patient Transportation Group Supervisor.
- i. Ensure activation of hospital alert system, local EMS/health agencies.
- j. Direct and/or supervise on-scene personnel from agencies such as Coroner's Office, Red Cross, law enforcement, ambulance companies, county health agencies, and hospital volunteers.
- k. Ensure proper security, traffic control, and access for the Medical Group/Division area.
- l. Direct medically trained personnel to the appropriate team leader.
- m. Maintain Unit/Activity Log. (ICS Form 214)

TRIAGE TEAM LEADER - The Triage Team Leader supervises Triage Personnel/Litter Bearers and the Morgue Manager. The Triage Team Leader assumes responsibility for providing triage management and

movement of patients from the triage area. When triage has been completed, the Triage Team Leader may be reassigned as needed.

- a. Review Common Responsibilities (Page 2-1).
- b. Develop organization sufficient to handle assignment.
- c. Inform Medical Group/Division Supervisor of resource needs.
- d. Implement triage process.
- e. Coordinate movement of patients from the Triage Area to the appropriate Treatment Area.
- f. Give periodic status reports to the Medical Group/Division Supervisor.
- g. Maintain security and control of the Triage Area.
- h. Establish Morgue.

TRIAGE PERSONNEL - Triage Personnel

appropriately treat patients on-scene and assign them to treatment areas.

- a. Review Common Responsibilities (Page 2-1).
- b. Report to designated on-scene triage location.
- c. Triage and tag injured patients. Classify patients while noting injuries and vital signs if taken.
- d. Direct movement of patients to proper Treatment Areas.
- e. Provide appropriate medical treatment (ABC's) to patients prior to movement as incident conditions dictate.

TREATMENT TEAM LEADER - The Treatment Team Leader supervises the Treatment Managers and the Treatment Dispatch Manager. The Treatment Team

Leader assumes responsibility for treatment, preparation for transport, and coordination of patient treatment in the Treatment Areas and directs movement of patients to loading location(s).

- a. Review Common Responsibilities (Page 2-1).
- b. Develop organization sufficient to handle assignment.
- c. Direct and supervise Treatment Dispatch, Immediate Delayed, and Minor Treatment Areas.
- d. Coordinate movement of patients from Triage Area to Treatment Areas with Triage Team Leader.
- e. Request sufficient medical caches and supplies as necessary.
- f. Establish communications and coordination with Patient Transportation Group.
- g. Ensure continual triage of patients throughout Treatment Areas.
- h. Direct movement of patients to ambulances loading area(s).
- i. Give periodic status reports to Medical Group/Division Supervisor.

TREATMENT DISPATCH MANAGER - The Treatment Dispatch Manager is responsible for coordinating with Patient Transportation Group, the transportation of patients out of the Treatment Area.

- a. Review Common Responsibilities (Page 2-1).
- b. Establish communications with the Immediate, Delayed, and Minor Treatment Managers.
- c. Establish communications with Patient Transportation Group.
- d. Verify that patients are prioritized for transportation.

- e. Advise Medical Communications Coordinator of patient readiness and priority for dispatch.
- f. Coordinate transportation of patients with the Medical Communications Coordinator.
- g. Assure that appropriate patient tracking information is recorded.
- h. Coordinate ambulance loading with Treatment Manager and ambulance personnel.

IMMEDIATE TREATMENT MANAGER - The Immediate Treatment Manager is responsible for treatment and re-triage of patients assigned to Immediate Treatment Area.

- a. Review Common Responsibilities (Page 2-1).
- b. Request or establish Medical Teams as necessary.
- c. Assign treatment personnel to patients received in the Immediate Treatment Area.
- d. Ensure treatment of patients triaged to the Immediate Treatment Area.
- e. Assure that patients are prioritized for transportation.
- f. Coordinate transportation of patients with Treatment Dispatch Manager.
- g. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- h. Assure that appropriate patient information is recorded.

DELAYED TREATMENT MANAGER - The Delayed Treatment Manager is responsible for treatment and re-triage of patients assigned to the Delayed Treatment Area.

- a. Review Common Responsibilities (Page 2-1).

- b. Request or establish Medical Teams as necessary.
- c. Assign treatment personnel to patients received in the Delayed Treatment Area.
- d. Assure that patients are prioritized for transportation.
- e. Coordinate transportation of patients with Treatment Dispatch Manager.
- f. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- g. Assure that appropriate patient information is recorded.

MINOR TREATMENT MANAGER - The Minor Treatment Manager is responsible for treatment and re-triage of patients assigned to the Minor Treatment Area.

- a. Review Common Responsibilities (Page 2-1).
- b. Request or establish Medical Teams as necessary.
- c. Assign treatment personnel to patients received in the Minor Treatment Area.
- d. Assure that patients are prioritized for transportation.
- e. Coordinate transportation of patients with Treatment Dispatch Manager.
- f. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- g. Assure that appropriate patient information is recorded.
- h. Coordinate volunteer personnel/organizations through Agency Representatives and Treatment Team Leader.

PATIENT TRANSPORTATION GROUP SUPERVISOR

The Patient Transportation Group Supervisor supervises the Medical Communications Coordinator and the Air and Ground Ambulance Coordinators. The Patient Transportation Group Supervisor is responsible for the coordination of patient transportation and maintenance of records relating to patient identification, injuries, mode of off-incident transportation and destination.

- a. Review Common Responsibilities (Page 2-1).
- b. Establish communications with hospital(s).
- c. Designate ambulance staging area(s).
- d. Direct the transportation of patients as determined by Treatment Team Leaders.
- e. Assure that patient information and destination is recorded.
- f. Establish communications with Ambulance Coordinator(s).
- g. Request additional ambulances, as required.
- h. Notify Ambulance Coordinator(s) of ambulance requests.
- i. Coordinate requests for air ambulance transportation through the Air Operations Director.
- j. Establish Air Ambulance Helispot with the Multi-Casualty Branch Director and Air Operation Director.
- k. Maintain Unit/Activity Log (ICS Form 214)

MEDICAL COMMUNICATION COORDINATOR - The Medical Communications Coordinator supervises the Transportation Recorder and maintains communications with the hospital alert system and/or other medical facilities to assure proper patient transportation and destination. The Medical

Communication Coordinator coordinates information through the Patient Transportation Group Supervisor and the Transportation Recorder.

- a. Review Common Responsibilities (Page 2-1).
- b. Establish communications with hospital alert system.
- c. Determine and maintain current status of hospital/medical facility availability and capability.
- d. Receive basic patient information and injury status from Treatment Dispatch Manager.
- e. Communicate hospital availability to Treatment Dispatch Manager.
- f. Coordinate patient off-incident destination with the hospital alert system.
- g. Communicate patient transportation needs to the Ambulance Coordinators based upon requests from Treatment Dispatch Manager.
- h. Maintain appropriate records.

AIR/GROUND AMBULANCE COORDINATOR - The Air/Ground Ambulance Coordinators are responsible for managing the Air/Ground Ambulance Staging Areas, and for dispatching ambulances as requested.

- a. Review Common Responsibilities (Page 2-1)
- b. Establish appropriate staging area for ambulances.
- c. Establish routes of travel for ambulances for incident operations.
- d. Establish and maintain communications with the Air Operations Branch Director.
- e. Establish and maintain communications with the Medical Communications Coordinator and the Treatment Dispatch Manager. Provide

- ambulances upon request from the Medical Communications Coordinator.
- f. Maintain records as required.
- g. Assure that necessary equipment is available in the ambulance for patient needs during transportation.
- h. Establish immediate contact with ambulance agencies at the scene.
- i. Request additional transportation resources as appropriate.
- j. Provide an inventory of medical supplies at the ambulance staging area for use at the scene.

FAMILY ASSISTANCE BRANCH – The Family Assistance Branch provides services to the victims' family members; coordinates activities, lodging, food, spiritual and emotional needs, and transportation to special events (press conferences, memorial services to the scene of the incident when authorized, etc.), and any special needs that arise during the incident that may assist the victims' family members. The major responsibilities of the Family Assistance Branch are:

NOTE: The National Transportation Safety Board (NTSB) provides this assistance for aircraft disasters.

- a. Review Common Responsibilities (Page 2-1).
- b. Coordinate with local and state authorities, to include the medical examiner, local law enforcement, emergency management, hospitals, and other emergency support personnel.
- c. Conduct daily coordination meetings with the local and Federal government representatives to review daily activities, resolve problem areas, and synchronize future family support operations

- and activities.
- d. Coordinate and provide briefings to families at the site and those who decide not to be at the site.
- e. Ensure adequate number of Family Assistance Team members present at all times to allow for rest, exercise and proper rotation.
- f. Establish and maintain working relationship with the CERT and CISM teams to cross-reference needs of the victims' families.
- g. Attend all staff briefings and planning meetings as required.
- h. Request necessary equipment and supplies through LSC.
- i. Ensure adequate lodging and/or sleeping arrangements.
- j. Ensure that security needs for the victims' family members are addressed.
- k. Ensure that all communications are centrally coordinated.
- l. Ensure that all transportation scheduling is centrally coordinated.
- m. The following agencies provide similar assistance during emergencies and may be of assistance:
 - (1) American Red Cross (ARC)
 - (2) Department of Health and Human Services (DHHS)
 - (3) Federal Emergency Management Agency (FEMA)
 - (4) NTSB
- n. Maintain Unit/Activity Log (ICS Form 214).

MEDICAL SUPPLY COORDINATOR - The Medical Supply Coordinator is responsible for acquiring and

maintaining control of appropriate medical equipment and supplies from units assigned to the Medical Group.

- a. Review Common Responsibilities (Page 2-1).
- b. Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group/Division.
- c. Request additional medical supplies (medical caches). If the Logistics Section is established, the Medical Supply Coordinator will coordinate needs with the Supply Unit Leader.
- d. Distribute medical supplies to Treatment and Triage Teams.
- e. Maintain Unit/Activity Log (ICS Form 214)

MORGUE MANAGER - The Morgue Manager is responsible for Morgue Area activities until relieved of that responsibility by the Office of the Coroner.

- a. Review Common Responsibilities (Page 2-1).
- b. Assess resource/supply needs and order as needed.
- c. Coordinate all Morgue Area activities.
- d. Keep area off limits to all but authorized personnel.
- e. Coordinate with law enforcement and assist the Coroners Office as necessary.
- f. Keep identity of deceased persons confidential.
- g. Maintain appropriate records.

HOSPITAL EMERGENCY RESPONSE TEAM (HERT)

A Hospital Emergency Response Team is recommended to consist of a minimum of three (3) medical personnel, optimum of five (5) medical personnel, which includes a team leader and any combination of physicians, nurses or physicians'

assistants. HERT Teams will be requested through the Incident Commander. HERT Teams report to the Treatment Team Leader and assume responsibility for patient assessment and treatment as assigned.

- a. Report to the Incident Command Post for assignment.
- b. Perform medical treatment and other duties as assigned.
- c. Remain at assigned Treatment Area unless otherwise reassigned.
- d. Respond to scene with appropriate emergency medical equipment.